

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) A3232.WO204

Box No. I TITLE OF INVENTION
A LABELLING AND/OR MARKING MACHINE

| | |
|--|--|
| Box No. II APPLICANT | <input type="checkbox"/> This person is also inventor |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | |
| AZIONARIA COSTRUZIONI MACCHINE AUTOMATICHE A.C.M.A. S.p.A. Via Cristoforo Colombo, 1 40131 BOLOGNA ITALY | |
| Telephone No. | |
| Facsimile No. | |
| Teleprinter No. | |
| Applicant's registration No. with the Office | |
| State (that is, country) of nationality: ITALY | State (that is, country) of residence: ITALY |
| This person is applicant <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box for the purposes of: | |

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

| | | |
|--|--|---|
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) | | This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office |
| SERNESI Marco Via Emilia Levante, 19/2 40139 BOLOGNA ITALY | | |
| State (that is, country) of nationality: ITALY | State (that is, country) of residence: ITALY | |
| This person is applicant <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box for the purposes of: | | |

| | |
|--|--|
| <input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet. | |
| Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE | |
| The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: | |

| | | |
|--|--|---|
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) | | <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative Telephone No. 051 6583311 |
| BIANCIARDI Ezio, LANZONI Luciano BUGNION S.p.A. Via Goito, 18 40126 BOLOGNA ITALY | | Facsimile No. 051 6583400 |
| | | Teleprinter No. |
| | | Agent's registration No. with the Office |

Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

RENELLI Giacomo
Via Cà Diciotto, 27/B
46044 GOITO
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ITALYState (that is, country) of residence:
ITALY

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

CAVALLARI Stefano
Via del Meloncello, 5
40135 BOLOGNA
ITALY

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
ITALYState (that is, country) of residence:
ITALY

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

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This person is:

applicant only
 applicant and inventor
 inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of: all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box

Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)

EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GE Georgia | | |
| <input checked="" type="checkbox"/> GH Ghana | | |
| <input checked="" type="checkbox"/> GM Gambia | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

| Filing date of earlier application (day/month/year) | Number of earlier application | Where earlier application is: | | |
|---|----------------------------------|--|------------------------|--|
| | | national application: country or Member of WTO | regional application:* | international application: receiving Office |
| item (1) 20 December 2002 (20/12/2002) | BO2002A000806 | ITALY | | |
| item (2) | | | | |
| item (3) | | | | |
| item (4) | | | | |
| item (5) | | | | |

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified above as:

all items item (1) item (2) item (3) item (4) item (5) other, see
Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

- Box No. VIII (i) Declaration as to the identity of the inventor
- Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent
- Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application
- Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America)
- Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty

Box No. IX CHECK LIST; LANGUAGE OF FILING

| | | | | |
|--|-----------|--|-------|-----------------|
| This international application contains: | | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): | | Number of items |
| (a) in paper form, the following number of sheets: | | 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input checked="" type="checkbox"/> original separate power of attorney 3. <input type="checkbox"/> original general power of attorney 4. <input type="checkbox"/> copy of general power of attorney, reference number, if any: 5. <input type="checkbox"/> statement explaining lack of signature 6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s): (1). 7. <input type="checkbox"/> translation of international application into (language): 8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 9. <input type="checkbox"/> sequence listings in computer readable form (indicate type and number of carriers) | | |
| request (including declaration sheets) | 5 | sequence listings | | 1 |
| description (excluding sequence listings and/or tables related thereto) | 7 | tables related thereto | | 1 |
| claims | 3 | (for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) | | |
| abstract | 1 | | | |
| drawings | 2 | | | |
| Sub-total number of sheets | 18 | | | |
| | | | | |
| Total number of sheets | 18 | | | |
| (b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i)) | | | | |
| (i) <input type="checkbox"/> sequence listings | | | | |
| (ii) <input type="checkbox"/> tables related thereto | | | | |
| (c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii)) | | | | |
| (i) <input type="checkbox"/> sequence listings | | | | |
| (ii) <input type="checkbox"/> tables related thereto | | | | |
| Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the | | | | |
| <input type="checkbox"/> sequence listings: | | | | |
| <input type="checkbox"/> tables related thereto: | | | | |
| (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column) | | | | |

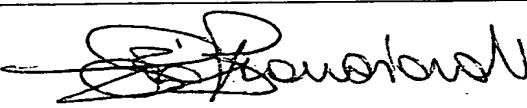
Figure of the drawings which should accompany the abstract: 1

Language of filing of the international application:

ENGLISH

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).



(Ezio BIANCIARDI) - Agent

| | | |
|---|--|--|
| For receiving Office use only | | |
| 1. Date of actual receipt of the purported international application: | | 2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received: |
| 3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application: | | |
| 4. Date of timely receipt of the required corrections under PCT Article 11(2): | | 6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid |
| 5. International Searching Authority (if two or more are competent): ISA / | | |

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

See Notes to the request form

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

A3232.WO204

Applicant

AZIONARIA COSTRUZIONI MACCHINE AUTOMATICHE A.C.M.A. S.p.A.

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

CHF 100,00 T

2. SEARCH FEE

CHF 1.383,00 S

International search to be carried out by **EPO**

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } **18**
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

b1 first 30 sheets **CHF 650,00** b1

b2 **number of sheets in excess of 30** x **fee per sheet** = **b2**

b3 additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x **fee per sheet** = **b3**

Add amounts entered at b1, b2 and b3 and enter total at B **CHF 650,00** B

Designation Fees

The international application contains **>5** designations.

5 x **140,00** = **CHF 700,00** D

number of designation fees payable (maximum 5) x amount of designation fee

CHF 1.350,00 I

Add amounts entered at B and D and enter total at I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

CHF 2.833,00

TOTAL

The designation fees are not paid at this time.

MODE OF PAYMENT

authorization to charge deposit account (see below)

postal money order

cash

coupons

cheque

bank draft

revenue stamps

other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

Authorization to charge the total fees indicated above.

(This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

Authorization to charge the fee for priority document.

Receiving Office: RO/ **IB**

Deposit Account No.: **18410 BUGNION**

Date: **December 5, 2003**

Name: **Ezio BIANCIARDI**

Signature: 